

**REPORT ON THE UTAH
2006 REFUGEE COMMUNITY
PLANNING MEETINGS
MARCH 24 AND 25, 2006**

May 19, 2006

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Gerald Brown, ISED, May 19, 2006

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SUMMARY

On March 24th and 25th, 2006, the Utah Department of Workforce Services (DWS) and Salt Lake County held community-wide meetings in order to get public input on the current state of refugees and refugee services. The meetings were the first steps in a process which will help determine refugee services and support systems in Utah.

A total of 120 different people attended at least one meeting. Twenty-three individuals attended both.

Several important overarching issues surfaced during the meetings including:

- The need for trained mentors
- The need for case management
- The need for better communication
- The need for evaluation of the program
- The need for trained, paid interpreters
- The need for more funding
- The need to empower refugee community organizations
- The need to provide space for refugee communities to meet

In addition to these overarching issues, participants in the March 24th meeting articulated problems and possible solutions in health, public education, youth, women, and employment.

The March 25th meeting was primarily dedicated to representatives from the different refugee groups and allowed them to articulate the problems their communities were facing. The meeting ended with a discussion on the role of refugee community organizations. Representatives from the Sudanese, Somali, Somali Bantu, Cuban, and Meskhetian Turk communities expressed their views.

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Report on the 2006 Utah Refugee Community Planning Meetings March 24 and 25, 2006

Introduction

On March 24th and 25th, 2006, the Utah Department of Workforce Services (DWS) and Salt Lake County held community-wide meetings in order to get public input on the current state of refugees and refugee services. The meetings were the first steps in a process which will help determine refugee services and support systems in Utah.

The last such public planning meeting focusing on refugees occurred in 1999 and dealt primarily with employment-related issues. The March 2006 meetings dealt with all aspects of refugee needs and services.

Refugee groups resettled in Salt Lake County have changed drastically since the 1999 planning meetings. The refugees resettled in the 1990s were primarily Eastern Europeans, relatively familiar with western culture. The refugees resettled since 2000 are predominately from Africa (Somali, Somali Bantu, Sudanese, Liberian), with smaller numbers from the Middle East and South Asia (Afghani, Meskhetian Turk). They are from cultures very different from that of the United States and have typically spent years in refugee camps before arriving in the U.S. They are often illiterate in their own languages. Thus, relative to the refugees of the 1990s, the current population is far more challenging to resettle and requires significantly more services.

Utah is growing and diversifying at a rapid rate. Utah's current growth is 20% foreign-born, including refugees and immigrants. By establishing a viable system to serve refugees, our state positions itself to incorporate all of its foreign-born newcomers.

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The March 24th and 25th Meetings

The two public meetings to which this report pertains were well-attended. A total of 120 different people attended at least one meeting. Twenty-three individuals attended both. The participation was impressive, indicating strong public interest in refugee issues, particularly given the relatively short notice (16 days) and the fact that the meetings were not widely publicized. (Participants either learned of the meetings as a result of being on the State Refugee Coordinator's email address list or by word of mouth.)

While both meetings were open to anyone who cared to participate, the March 24th meeting occurred on a Friday and was primarily aimed at public and private organizations which serve refugees in one way or another. Ninety-five people attended this meeting, including:

- 12 representatives of state government
- 6 representatives of Salt Lake County government
- 2 representatives from Salt Lake City public education
- 9 faith-based representatives
- 25 community-based organization representatives
- 3 local resettlement agency representatives
- 9 health department representatives
- 16 public school representatives
- 6 English as a Second Language (ESL) representatives
- 20 people involved with refugee employment services
- 8 housing representatives

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- 5 refugee advocates
- 2-5 refugees not associated with other groups
- 1 representative from South Salt Lake City
- 1 advocate for the homeless (Road Home)

The second meeting was held on Saturday, March 25, so that refugees who had to work on Friday could participate. Forty-nine people joined in this forum, including:

- 4 Somalis
- 4 Somali Bantus
- 3 Sudanese
- 9 Meskhetian Turks
- 3 + DWS representatives
- 3 + Salt Lake County representatives
- °Asian Association representatives
- 1 Vietnamese Community of Utah representative
- °Catholic Community Services
- 2 + Utah Consortium of Minority Groups representative

°(Many who represented these non-community-specific service associations were refugees, primarily Somali.)

The meetings were facilitated by an independent consultant who also prepared this report. The facilitator's resume can be found in Appendix A.

The March 24th meeting was organized around subject areas:

1. health
2. education
3. youth
4. women
5. employment

During each subject area discussion, problems were identified, suggestions for addressing the problems were offered, existing resources which might be brought to bear were identified, and needs for additional resources were articulated.

As the various subject areas were discussed, some over-arching issues also surfaced. By the end of the day, several key systemic problems had been identified and some agreement was expressed on how the problems might best be addressed. These are discussed in the following section.

The March 25th meeting was organized around refugee groups and associated issues:

1. Sudanese

2. Somali
3. Somali Bantu
4. Meskhetian Turk
5. Cuban
6. Other
7. Role of refugee community organizations

The second meeting was organized differently from the first to allow representatives of the different refugee groups to air their views in the way they saw fit, without being pushed to follow an imposed framework. Nevertheless, many of the same problems, possible solutions, and requests for resources which were identified in the first meeting also arose in the second.

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Overarching Issues Identified at the Meetings

The following issues were identified by the community meetings' participants as being the most serious facing the refugee system as a whole.

1. Mentors

In each of the subject area discussions on Friday and during most of the refugee community discussions in the Saturday meeting, participants voiced the belief that mentors are of great value to refugees and refugee organizations. Two qualifications to this belief were also repeatedly mentioned:

- Utah should develop a system which connects mentors to those who need them. There are many people who wish to be mentors and there are many refugees who need and want mentors, but a way has to be put in place to bring the two together.
- Mentors must be trained and supervised. Well-meaning but untrained mentors can do more harm than good. Once trained, there has to be a supervisory mechanism in place to set standards and ensure they are met.

Possible resources related to this issue are the websites *1-800-volunteer.org* and *volunteerutah.org*.

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2. Case Management

There was general consensus among the meetings' participants that, once refugees exit the initial resettlement service period, many became lost.¹ The groups repeatedly called for a case management system to be put in place that would:

¹ Newly arrived refugees receive initial resettlement services funded primarily by the U.S. Department of State and provided by local resettlement agencies. (In Utah, the resettlement agencies are currently

- Help the refugee determine which services are needed
- Help determine where and how to access the needed services
- Monitor and evaluate services to ensure that they are being provided, accessed and effective

Participants related examples of the effects of having no case management system, including the following related to health care.

Primary care doctors serve a case management function for their patients by keeping track of all the client's health needs and the services provided by the health system to meet those needs. Most refugees don't have primary care doctors, however. After the initial screening required for all newly resettled refugees, there is a disconnect with future health care. Some sort of case management is required to ensure that refugees with serious health conditions get the services they need. This is important not only for the refugee but for the safety of the general public. Newcomers from cultures far different from that of the United States, with no experience whatsoever with a western health care system, and who often do not speak English, cannot be expected to navigate the system and manage their own health care services without help.

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3. Communication

There was general agreement that effective ways are needed for refugees, refugee service providers, and advocates to communicate with one another. Several people stated that they would be happy to help refugees if they just knew how to connect and what was needed. Advocates need to be empowered to communicate (advocate for) refugee issues with their government. Refugees need to get information about their new home in ways that they can understand. Suggestions for better communication between all of those interested in refugees and the refugees themselves include:

- Establish a liaison person at the state level who would be responsible for ensuring that information is effectively disseminated and that connections, such as mentors to refugees, are made.
- Create a newsletter for refugees that provides updates on services and events.
- Create a newsletter for service providers, advocates, and refugee community organizations.

Catholic Charities and the International Rescue Committee [IRC].) The services provided by the local resettlement agencies generally last from 30 days to 8 months. When these initial services have been completed, the resettlement agency refers the refugee to refugee-specific services funded by the state or to mainstream services provided by the state and other entities. Some states have systems in place to manage cases after the initial resettlement service period in order to ensure that refugees' ongoing needs are addressed.

- Create a listserv which can be used by the public to communicate on refugee interests, such as services, events, and needs.
- Create a website, either as part of an existing site or by creating a new site, which includes resources, discussion topics, a place to voice opinions, and a way to communicate on issues of interest.
- Have resource lists translated into refugee languages.
- Use refugee community organizations to reinforce information required by members of their communities. This would require training the organizations on the services available and providing funding for outreach and referrals.
- Conduct more community meetings such as the ones on which this report is based.

The participants were reminded that there is a monthly refugee provider meeting, run by the State Refugee Coordinator, which is open to the public. The meeting occurs on the third Thursday of each month from 9:30 to 11:00 a.m. at the Department of Workforce Services building at 1385 SouthState Street.

The following suggestion which concerns how to improve communicating important information to newly arrived refugees was made by a representative of one of the two refugee resettlement voluntary agencies in Utah.²

A refugee's first orientation to his or her new community is handled by the resettlement agency and is usually done in a lecture/student format where the case manager sits down with the new family and tells them everything they are supposed to know about their new home. Unfortunately this method is not the best teaching method and since many refugees are still overwhelmed with their new surroundings, much of the information is not being comprehended. A restructuring of the community orientation to a large group setting involving all agencies with regular contact to refugees would better help the refugees understand the information, improve community involvement, and promote interagency communication to all interested community partners.

The large group meeting, if structured properly, would be beneficial for several reasons: First, all interested public, private, non-profit and government entities that deal with refugee services, or have contact with refugees on a regular basis, could become involved; second, although the refugee families are overwhelmed with information upon arrival, the large group setting would promote learning despite the barrier caused by resettlement stress; third, any agency interested in the welfare of the refugees, ie, health care providers, Medicaid, Department of Workforce Services, local police, the school districts, community advocates and any others, would be assured that the refugees are being given the information that each individual agency feels is important; finally, with all the

² The suggestion was submitted via email after the meeting. Note that the meeting is intended to impart information to refugees and does not include discussions of individual cases. For the complete text see Appendix B.

agencies present, a greater understanding of the service network could be shared not just to the refugees, but also among the providers.

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4. Interpreters

There is a shortage of interpreters. Since many of the refugees who need help the most speak little or no English, and because learning English will be a slow process due to the lack of literacy in their native languages, qualified interpreters are imperative. Interpreters should be:

- Trained, both in general interpretation and in the fields in which they will work, such as health care.
- Paid, so they may be available when they are needed. (Volunteer interpreters must do other work in order to survive and, thus, are unavailable when they are most needed.)

Information regarding the Department of Health's Bridging the Gap interpreter training can be found in Appendix D.

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5. Funding

Participants stated that funding for services was inadequate to meet the needs of refugees currently being resettled in the Salt Lake City area.

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6. Gathering places

Refugees need places to come together.

According to meeting participants, more than any other single thing, each refugee community needs an adequate space gather. A space allows a refugee community to truly become a community again, as they were before they became refugees. A space allows homebound women to get out of their houses, children to play together, celebrations to occur, people to share and address challenges together, and social services to occur. It allows refugees to play host to those in the mainstream who have befriended and help them. In order for meeting space to be effective, however, it must be available when the community can make use of it. The problem with several refugee communities sharing the same space is that each community needs the space on the weekend when adults are not working and children are not in school.

One suggestion made to help address this challenge was to use schools as gathering places. Each refugee community could be allowed to use an assigned school on Saturday or Sunday to gather.

* * *

Following is a summary of the problems and possible solutions and resources, arranged by topic area, discussed by participants at the March 24th meeting.

Meeting #1, March 24, 2006

Health-related Issues

Problems identified

1. Paid, trained interpreters are needed.
 - a. Interpreters must be trained in medical terminology.
 - b. If interpreters are to be available when they are needed, they must be paid. (Volunteer interpreters have to work to live and are therefore unavailable when they are needed to translate.)
 - c. A system must be developed to effectively use the interpreters once they become available.
2. Longer term health care benefits are needed.
3. A mental health evaluation for refugees is needed during the first year after arrival.
4. Affordable dental services are lacking.
5. Case management is needed to ensure adequate follow-up after the initial health screening.
6. The two health plans widely available in Salt Lake County limit access to some clinics.
7. A second health screening is needed after the refugee is several months into the resettlement process.
8. Health care workers need cultural orientation in order to better understand the needs of their new clients.
9. Family planning is lacking, resulting in unwanted pregnancies, larger

families and more expense for the family.

10. Refugees need better orientation to health care during the initial resettlement period, including information about what to expect when Medicaid ends.

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Health care resources identified

1. "Bridging the Gap," a program of the Utah Health Department, provides medical interpretation services without charge to non-profit organizations.
2. "Baby Watch," also a program of the Utah Department of Health, provides services for children ages birth to three with developmental delays or disabilities.
3. University Neighborhood Partnership (UNP) Hartland Center, a community center in an apartment complex, helps African refugee residents connect to health care and could possibly be replicated in other areas. (See the section on Education, below, for a description of UNP.)

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Public Education Issues

SNAPSHOT OF A SCHOOL

Eleven percent of Woodrow Wilson Elementary's student population are refugees. The typical refugee student is from Sudan or Somalia, has spent most of his or her life in a refugee camp, is parented by a single mother, has never attended school before, and has been in the U.S. one month before arriving at Woodrow Wilson. Most of these children live in South Park Apartments at 2250 S 500 E.

The needs and problems are myriad, like nothing else the school has ever encountered. Some boys inappropriately touch others, fight often, and are non-compliant.

Some students arrive at school on Monday having not eaten for much of the weekend due to inadequate food in the house. Some of these students faint from hunger.

The refugee students need help at home with homework but parents are less educated than their children. Medical, mental health, and dental problems are common-place.

Many still keep all drapes closed because of fears of being shot at (carried over from their home country). Some students do not have an affixed residence but shuffle back and forth between relatives.

Woodrow Wilson currently provides as many services as resources allow – teaching English to parents and students, providing clothes, providing some food, offering transportation for immunizations, helping to ensure services for medical, dental, and employment issues.

These efforts do not come close to meeting the problems, however. The school and the refugee students badly need:

- **More help with school work at home**
- **2 fulltime refugee teachers**
- **3 interpreters and 2 teacher's aides**
- **Coordination by government of law enforcement support to contact parents when students become unmanageable. (It is reported that County Youth Services is unwilling to take students who cannot speak English and whose parents cannot be reliably contacted.)**
- **Coordination by government of nutrition programs beyond school for families who are malnourished or students who are hungry**

School representatives say that they welcome refugees because refugee protection is the basis for our country, but there needs to be a support system to help these people properly adjust to the new cultures within which they are thrust. The impact on our school has become more than we can handle. We receive limited support from our school district. We need resources to educate this population. Refer to Appendix C for further details.

Problems identified

1. Public education is unprepared for and struggling with African refugees.
 - a. Many of the current refugee children have had no previous schooling because they have lived all of their lives in refugee camps.
 - b. Thus, they lack focus.
 - c. They have little experience with language, such as with alphabets.
 - d. There are many health issues.
 - e. Translators are needed but unavailable.
2. There is a great diversity of refugee children in schools and ESL classes, further complicating the challenge of teaching.³

³ Because of policy changes by the Federal Government over the last 15 years, refugee populations resettled in the U.S. are far more diverse than they were in the 1970s, 80s, and 90s. This tendency to resettle smaller groups from more of the world's refugee populations is likely to continue.

3. Teachers and counselors need continuing education about the refugee groups being placed in their schools.
4. The basic needs of refugee children are not being met. Children cannot learn in school if their more fundamental requirements for food, decent housing, health, and security are not met.
5. Refugee children are being placed in grades according to age instead of to their abilities. This is not working. Furthermore, out of frustration, teachers often simply pass the refugee child on to the next grade despite poor student performance, shifting the problem to the next teacher in line.
6. Many African refugee children are simply not ready to enter the school system because they are so far behind American children. A new program needs to be established to prepare this population for school.

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Resources Identified

1. One participant recommended that an African New Arrivals Center be established to prepare refugee children for all of the schools in the area. It was then noted that lack of transportation would be a problem.
2. Another person suggested that neighborhood centers modeled after the University of Utah Neighborhood Partnership be established in apartment complexes housing large numbers of refugees.
3. A third participant suggested that schools be used as the centers from which resources could best be provided to refugees. Salt Lake School District, for example, pays people to visit homes, provide school materials, mentor students, and provide transportation.⁴

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Youth Issues

Problems identified

⁴ Since these resources are available, it may be a communication issue between the school district and the parents and students. Refer to the discussion on Communication under Overarching Issues for possible solutions.

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1. There are many refugee youth who are not in school, not working, and simply “hanging out.” They are not connected to anything positive. This sometimes results in jail time. Refugee youth must be connected to something positive.
2. When refugee youth are suspended from school, they consider it to be vacation time because they do not appreciate the impact that obtaining an education has on their future.
3. There are currently Vietnamese and Laotian youth gangs but no African refugee youth gangs – yet. One participant who works with refugee youth opined that there are some African refugee youth who have become members of existing gangs.
4. There are more programs for boys than for girls. The lack of programs for girls is partially responsible for unwanted pregnancies.
5. Refugee parents often speak less English than their children, are not involved in their children’s school life, and do not understand western culture. Thus, parents do not have the control and influence over their children that they would have had in their home countries.
6. Refugee youth have trouble finding public parks to play soccer without being required to pay a fee which they cannot afford. As with other youth, sports is an important outlet for refugees.
7. Mentors for refugee youth can have a very positive effect. Matching mentors with refugee youth requires communication and coordination, which is currently lacking, as has been described in several other sections of this report.

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Resources identified

1. University Neighborhood Program (UNP) is attempting to prevent refugee youth problems by involving youth in community services and in soccer.
2. The existing community centers should be considered as part of the solution for keeping youth productively occupied. This will require coordination.

University Neighborhood Partners provides direct early childhood education programs to children ages 2-5. It is seeing huge success preparing children for regular education systems. Youth programming is helping boys in trouble with education using mentoring and counseling. The Hartland Center facility will also become a Head Start Program in September 2006.

The UNP Hartland Center is currently funded through a combination of University of Utah funding (for UNP staff, on-site coordinator, resident committee, translators), a HUD Community Outreach Partnership Center grant (materials, faculty, students), AmeriCorps VISTA (one VISTA member is placed at Hartland, cost-shared by UNP and the U.S. government) donations of space (Hartland/Evergreene management), and two private grants from banks to fund financial literacy and employment programs. The College of Social Work also funds a number of people who do work at Hartland.

UNP staff have found that the absolute critical component for this model is funding for the full-time coordinator. This person develops trust with the residents and can make links between residents and partners working at the center. The coordinator does not do the work (i.e. doesn't provide services), but brings together other groups who do.

UNP staff believe that, with an on-site person in place, a similar model could be developed elsewhere, in partnership with other community groups and higher education groups, perhaps with a specific focus on a limited set of issues that might attract the attention of funders.

* * *

Women's Issues

Problems identified

1. Gynecological exams are often difficult because of the problems communicating, the lack of trained interpreters, and the differences between the cultures of the health care providers and the refugees.
2. Mentors are needed to support women at doctor appointments and in other unfamiliar situations.
3. Many refugee women do not know that they have the right to refuse to become pregnant. They feel they cannot refuse to have unprotected sex with their husbands.
4. There are many women who are homebound due to fear, lack of social support, husbands missing or working, and children in school. The isolation causes mental health issues and is not conducive to integration.
5. The YWCA offers a program to help victims of domestic violence. The program is meant to educate other providers as well as victims. The YWCA provides other services to refugees.

6. The Utah Cultural Center tried unsuccessfully to create an African Association. It is now attempting to start an annual African Festival.

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Resources Identified

1. Schools can be instrumental in helping women to get out of the home. Woodrow Wilson Elementary has had mother and child preschool classes. They were offered several times a week, and transportation was provided. The classes were very popular because it gave the mothers the opportunity to associate with people outside of their home and outside of their community.
2. Granite Peaks School offers ESL classes to mothers, pays for a translator to help mothers communicate, offers pre-school for children, and provides transportation.
3. UNP is planning to begin an ESL class for women and their children. UNP helps women by engaging them in education and other activities outside the home.
4. Salt Lake Valley Health Department offers free cancer screening for women over 40 who are without health insurance. If cancer is detected, treatment without pay will be provided. Free pap smears are available for women over 30 years of age who have not had the test in 5 years.

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Employment Issues

Problems identified

1. There are many services to help refugees find a first job. This first job usually does not provide a living wage, however. The inadvertent result is that refugees are set up for long-term poverty.
2. Refugees are usually not aware of training programs. They need to be connected to such programs. (This is another example of the communication problems cited earlier.)
3. Refugee job-hunters need mentors.
4. Refugee employment providers need volunteers.

Resources identified

1. The Asian Association's Refugee Center offers employment services to eligible refugees. The average wage of jobs found is \$8.00. Four hundred eighty six refugees were placed in the last year.
2. Deseret Industries is a good resource for hard-to-employ refugees such as the Somali Bantu. The organization also offers job and ESL training. A contact for Deseret Industries is Valerie Fredley, LDS Employment Center, 240-7250.

* * *

During the meeting held on March 25th, refugees from the various ethnic communities in Salt Lake City voiced the following issues affecting their lives.

Meeting #2, March 25, 2006

Issues raised by the Sudanese Community

1. More than anything else, the Sudanese want a space in which the community can come together. The space should be available when the community is free to meet – on Saturday, preferably, or Sunday. Sudanese leaders stated that if they could acquire a place to gather, they could help their community mightily with volunteers from the community and from the mainstream.
2. There are many educational problems. Sudanese students are struggling to learn English. Children are put in age-appropriate classes though they do not have the English capabilities to be in those classes. When children fail with education, they often end up in jail.
3. The Sudanese community has tried for seven years to bring their problems to the attention of the State Refugee Office, governors, mayors, and other government entities. They do not believe they have been heard. Refugees want to be consulted about solutions to refugee problems. A specific example of this is that Refugee Day is coordinated without consultation with refugee community leaders.
4. Affordable child care is a major problem.
5. HIV is a huge issue among the Sudanese and other refugee communities. No one is talking about it. An educational outreach campaign is needed which involves training community leaders from each of the refugee groups so that they may help educate their community. The community has a right to know which refugees allowed into the U.S. are HIV positive.

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Issues raised by the Somali Community

1. Six months of services for refugees is not enough. There is great need for continuing services after the first six months.⁵
2. Help is needed acquiring the cultural understanding and social skills necessary to function in the U.S.
3. Interpreters and translators are needed in order to access mainstream services. (Food stamps are available, but many refugees do not know how to use the cards.)
4. Children are moved from one school district to another without parents understanding why.
5. There are advocates for the Latino community but no advocates for the African community.

Issues raised by the Somali Bantu Community

1. Work participation requirements in order to receive cash and food stamps from DWS are too stringent for the Somali Bantu.
2. Employers usually require that workers speak English and have reliable transportation, two things Somali Bantu often do not have.
3. There are too few public free spaces where youth can engage in soccer and other healthful activities. There are currently fees for field rentals.
4. One of the voluntary resettlement agencies is not providing the fundamental services which refugees require upon arrival.
5. Somali Bantus need medical interpreters. There are distinct language differences between Bantu and Somali and not all Bantus speak Somali well.
6. Many Somali Bantus are illiterate and the only solution is to be educated. Strict work requirements in order to receive public assistance benefits prevent people from becoming literate.
7. Somali Bantus need intensive ESL.
8. Somali Bantu children in elementary schools cannot speak to other children and cannot catch up with their classmates.

⁵ Services for refugees are available well after the six month point after arrival in the U.S. These comments may indicate a lack of awareness in the refugee communities about the availability of services after the initial resettlement period.

Issues raised by the Meskhetian Turk Community

1. Families who arrived two or three months ago cannot get Medicaid. Families with small children and/or elderly parents are not receiving medical help. Medicaid is retroactive but this does not solve the problem of what to do before it is received.
2. The two resettlement agencies seem to provide different services. One of the resettlement agencies does not have a Russian-speaking staff person, for example.
3. Funds provided by the government to help families until they can find jobs is inadequate. Funding is also often late, requiring people to pay rents late.
4. Refugees should be placed in jobs with companies that require English in order that they may learn English faster.
5. Mentors are very important. Mentors can teach refugees the system.

Issues raised by the Cuban Community

1. Cuban refugees need cultural orientation.
2. Refugees with medical problems, such as diabetes, sometimes go for months with no medical care.
3. Language lines are not as effective as interpreters.

Issues raised by the Utah Consortium of Minority Rights

1. Utah should emulate the programs of the Illinois Refugee Program, which nurture and promote refugee community organizations.
2. Over the years, members of the Consortium have tried many times to become meaningfully involved in policy making and service provision related to refugees and other minority groups. They expressed the view that they have not been allowed to become meaningfully involved.
3. The Consortium felt it had been instrumental in causing the two community meetings to which this report pertains to take place, yet the Consortium was not consulted in setting up the meetings.

Other Issues raised by the Meeting Participants

1. Refugees need financial literacy training.

2. Refugees are having a difficult time accessing workers' compensation.
3. Refugees should volunteer to be mentors. Refugees can help each other.
4. Refugees must have a way to connect with each other in their new country and a way to connect with those outside their own group as well. Only when they are enabled to do both can they become integrated.

Discussion about the Importance of Refugee Community Organizations

The meeting ended with the facilitator voicing his opinion on the importance of refugee community organizations in the lives of refugees. Participants seemed to agree that ethnic community organizations are key in the effective resettlement of refugees.

* * *

Facilitator's Recommendations

Note: The Agreement for Consultant Services between Salt Lake County and the facilitator calls for the latter to prepare a written report presenting the results of the community meetings and making recommendations for follow-up. This section presents the recommendations for follow-up. They are the views of the facilitator and may not reflect the views of the meetings' participants.

* * *

In addition to the relative difficulty in providing adequate services to the refugee groups currently being resettled in the Salt Lake City area, events which have occurred in the 21st century make it plain that effective integration of refugee and other immigrant groups into the United States is more important than ever before. The recent subway bombings in London and riots in the Paris suburbs are illustrations of what can happen when people feel disenfranchised – when people are not effectively integrated into the larger society.

Following are a list of things that government might consider as it strives to effectively integrate refugees in our community. They cannot all be done at once and they cannot all be done quickly. They are offered for policy makers to consider, along with the rich input garnered at the two community meetings covered in this report.

* * *

1. Form a group of state, county, city, and private leaders to raise additional funding, public and private, for refugees and immigrants. The Refugee and Immigrant Fund should first be used to increase funding for:

- interpreters

- public education
- refugee community groups for capacity development and spaces to meet

States that have been most successful in integrating refugees into their midst have combined state, county, city, and private funding with the federal refugee funding that they receive in order to weave a continuum of services effective in acculturating foreign-born newcomers. State funding in particular is essential if refugees are to receive the services they require. It will require effective advocacy from those familiar with the refugee situation in Utah and effective leadership from elected officials if refugee services are to be adequately funded.

2. Develop a management plan. While it is clear from these meetings and this report that many people have good suggestions for improving refugee services in Utah, it is unclear how the suggestions become implemented. Policy makers from the various government entities which relate to refugees should meet together and develop a better structure for managing refugee services in Utah. Among other things, this group should consider increasing the power of the State Refugee Coordinator's office.

3. Increase the power of the State Refugee Coordinator's office. The office should be positioned in state government so that it can advocate effectively for refugees. At the same time, it should be structured so that refugees, advocates and service providers have meaningful input to policy decision making.

4. Develop a strategy for evaluating the effectiveness of the refugee service system.

5. Empower refugee community organizations.

- a. study what other states have done to empower refugee community organization
- b. include refugee community organizations in all planning and policy discussions
- c. fund organizational capacity building and space for meeting

Forming strong refugee community organizations empowers the refugees of the communities they represent. Refugees, by definition, are people who are ripped from their communities and placed in strange surroundings. Helping refugees come together in their own organizations helps them regain a sense of community. Forming organizations gives refugees a voice and allows them to help themselves.

Refugee community organizations are invaluable conveyers of information which their community needs from the mainstream. Likewise, refugee community organizations are the best source of information about their communities available to the mainstream.

More and more states are viewing refugee organizations as essential partners in their refugee service strategies. Illinois, Oregon, Minnesota, and recently Colorado, are

examples of states which have invested in the development of refugee organizations and which have improved the quality of refugees' lives as a result.

Refugee organizations require funding to develop the capacity to operate professionally and effectively. Funding should support development of infrastructure, development of governance, development of leadership, and securing a space for the community to gather. Social service funding should occur only after the organization has the capacity to use it effectively. At a minimum, a refugee organization should have a trained board which truly represents the community and an effective financial management system in place before receiving funding.

Refugee organizations need mentor organizations in order to optimally develop. Just as mentors are of tremendous use to individual refugees, so are mentoring organizations of great help to budding refugee community organizations. A system is needed to identify mentoring organizations and connect them with refugee community organizations which desire such help.

6. Develop and fund a case management system that oversees refugee cases from the end of Reception and Placement services (R&P) to case closure.

7. Create a position which:

- a. coordinates, trains, assigns and oversees mentors
- b. gathers and disperses information to refugees, service providers, advocates, and mentors
- c. ensures that all groups related to refugees have effective channels of communication

Appendix A..... Facilitator's Resume

GERALD BROWN
Director of Refugee Services, ISED

673 11th Avenue
Salt Lake City, Utah 84103
(801) 575-8888
cell (801) 915-2713
fax (801) 364-2323
gbrown@ised.org

POSITIONS

2002-present	Director of Refugee Services, Institute for Social and Economic Development, Washington, DC, Salt Lake City, UT
2000-2002	Refugee Services Consultant, Institute for Social and Economic Development, Kanab, Utah
1999-2000	Refugee Program Consultant, Browns Consult, Kanab, Utah
1999	Caseworker, International Organization For Migration, Skopje, Macedonia
1994-1998	Asylum Officer, Immigration and Naturalization Service, Asylum Division, Department of Justice, New York City, New York
1994	Guantanamo Refugee Project Coordinator, World Relief Corporation, Guantanamo Bay, Cuba
1990-1994	Assistant Executive Director, American Council for Nationalities Service, New York City, NY
1986-1990	Director of Refugee Services, American Council for Nationalities Service, New York City, NY
1985-1986	Refugee Services Program Staff, American Council for Nationalities Service, New York City, NY
1983-1985	Associate Director, Houston YMCA International Services, Houston, Texas
1982-1983	Job Development/Casework Supervisor, Houston YMCA International Services, Houston, Texas
1981-1982	Refugee Welcome Center Director, YMCA International Services, Houston, Texas
1981-1983	1978-1979 English Teacher/Chinese Language Student, YMCA Taichung, Taiwan
1976-1978	World Service Worker, YMCA, Cairo, Egypt

EDUCATION: 1974, B.A., Psychology, University of North Carolina at Chapel Hill

TRAINING: 2004, Certified Mediator, Utah Bar Association

Appendix B.....Suggestion for Refugee Orientation to the Community

A refugee's first orientation to his or her new community is handled by the resettlement agency and is usually done in a lecture/student format where the case manager sits down with the new family and tells them everything they are supposed to know about their new home. Unfortunately this method is not the best teaching method and since many refugees are still overwhelmed with their new surroundings, much of the information is not being comprehended. A restructuring of the community orientation to a large group setting involving all agencies with regular contact to refugees would better help the refugees understand the information, improve community involvement, and promote interagency communication to all interested community partners.

The large group meeting, if structured properly, would be beneficial for several reasons: First, all interested public, private, non-profit and government entities that deal with refugee services, or have contact with refugees on a regular basis, could become involved; second, although the refugee families are overwhelmed with information upon arrival, the large group setting would promote learning despite the barrier caused by resettlement stress; third, any agency interested in the welfare of the refugees, ie, health care providers, Medicaid, Department of Workforce Services, local police, the school districts, community advocates and any others, would be assured that the refugees are being given the information that each individual agency feels is important; finally, with all the agencies present, a greater understanding of the service network could be shared not just to the refugees, but also among the providers.

One of the most important points of interest is that all agencies which have regular contact with refugee services could become involved. One of the complaints heard during our meetings was that there is a lack of communication between all the agencies, the advocates, the government workers etc. We already have a regular refugee providers meeting every month, but this type of forum would offer more in depth understanding of each of the agencies within the network. This large group meeting would not replace the regular monthly meetings already being held. The regular meetings are a great place to discuss other items brought out by the State Refugee Coordinator and to allow for communication between agencies on the provider's level., The large group community orientation, however, would be directed to the refugees sitting in the room. As a spillover effect, the other providers sitting in the room would also be able to learn more in depth about services offered.

Another great benefit to this type of forum is that the refugees themselves are more likely to comprehend more information. As a former case manager I sat with many refugee families in my office for a few hours at a time and worked through a checklist that we had been given of topics that needed to be discussed. As I talked to the families it was only too common to have the families' eyes glaze over, and although they looked like they were paying attention, they were not. Each agency within the network could provide, or promote, their own materials. The different types of presentations and the different groups would allow the refugees to be more interested over longer periods of

Appendix B, continued

time. A large community orientation would also lessen the overall workload of individual case managers. The community orientation would likely take much longer, the period of a full day instead of a couple hours, but since the case managers would not have to provide detailed information on all the agencies within the network, they would be able to focus their time on other important topics.

The large community orientation might best be held once a month with all of the newly arrived refugee families. For families scheduled to arrive shortly after one of the large community orientations, it may be necessary to have a shortened orientation with a case manager until the next large orientation, but this should not demand too much of the case managers' time.

Another reason that a regular monthly meeting would help refugees is that they could come back to the meetings if they felt like they needed more information. Perhaps, for example, a refugee family came and was overwhelmed by the information they were given in the community orientation. If they knew that the meeting was held regularly once a month, and that there was something said in that meeting when they first went that might help them with a current problem, they could come back to attend the meeting again looking for that specific information and learn more about their new surroundings the second time around.

Implementing the large group meeting would require effective collaboration of all the separate entities within the network and, therefore, a coordinator on the state level would be beneficial. The current horizontal coordination would prove difficult, although not impossible, without a definite vertical structure to work within.

Appendix C.....Granite School District Survey

Refugee Service Questions

1. On an annual basis of all clients you service, what would you estimate is the percentage of your clients that are refugees?
 - James E. Moss Elementary –
 - Lincoln Elementary - 2%
 - Woodrow Wilson Elementary – 11%
 - Granite Park Middle School –
 - Granite High School -
2. How many unduplicated refugee clients do you estimate you serve on an annual basis?
 - James E. Moss Elementary –
 - Lincoln Elementary - 11
 - Woodrow Wilson Elementary – 65
 - Granite Park Middle School –
 - Granite High School -
3. Describe the typical refugee client and/or household you serve.
 - James E. Moss Elementary –
 - Lincoln Elementary - from the refugee camps of Sudan and Somalia – unprepared to function in the classroom or social context of school.
 - Woodrow Wilson Elementary – Single mothers with African refugees – several children; no English, never been to school; in America 1 month before coming to school
 - Granite Park Middle School –
 - Granite High School -
4. What percentage of the refugees served annually would be children (18 and under) adults (19-59) and seniors (60 and above)?
 - James E. Moss Elementary –
 - Lincoln Elementary – children 100%
 - Woodrow Wilson Elementary – 11% children; serve about 10 adults in ESL class – seniors ?
 - Granite Park Middle School –
 - Granite High School -
5. What are the main services you provide to the refugee population?
 - James E. Moss Elementary –
 - Lincoln Elementary – ESL, counseling, Christmas, food, clothing
 - Woodrow Wilson Elementary – teach English to parents and students, clothes, some food, transportation for immunizations, help get services medical, dental, jobs, etc.)

Appendix C, cont'd.....

- Granite Park Middle School –
 - Granite High School -
6. Does the type of service you provide vary by refugee group? If so, provide a brief explanation.
- James E. Moss Elementary –
 - Lincoln Elementary - not really
 - Woodrow Wilson Elementary – Russian/Turks and Cuban refugees have had some education before arriving in the U.S., same services for all refugees
 - Granite Park Middle School –
 - Granite High School -
7. Have you noticed any trends or changes in the needs of the refugee population over the last of changes in the needs of the refugee population over the last three years? If so, please provide a brief explanation.
- James E. Moss Elementary –
 - Lincoln Elementary – some of the boys have problems with inappropriate touching, fighting and non-compliance
 - Woodrow Wilson Elementary – more needs, unique population, no previous education, many behavior problems, post traumatic stress , poverty, hunger
 - Granite Park Middle School –
 - Granite High School -
8. From what countries do the refugees you serve come?
- James E. Moss Elementary –
 - Lincoln Elementary – Kenya, Somalia, Sudan
 - Woodrow Wilson Elementary – Cuba, Afghanistan, Iraq, Iran, Bosnia, Africa (Somalia, Sudan, Liberia, Ivory Coast, Senegal)
 - Granite Park Middle School –
 - Granite High School -
9. Has the refugees home country changed over time? If so, provide a brief explanation.
- James E. Moss Elementary –
 - Lincoln Elementary – Yes, continuing civil war and genocide
 - Woodrow Wilson Elementary – Yes, greater needs due to poverty, lack of education, malnutrition, health and dental issues, and mental health.
 - Granite Park Middle School –
 - Granite High School -
10. If you have the information available, where do most of the refugees you service live within Salt Lake County (i.e., North Salt Lake, West Valley City, Midvale, etc.)?
- James E. Moss Elementary –
 - Lincoln Elementary – South Salt Lake/Salt Lake County

Appendix C, continued.....

- Woodrow Wilson Elementary – South Salt Lake (South Park Apts. – 2250 S 500 E)
- Granite Park Middle School –
- Granite High School -

11. What are the three biggest challenges you face in serving the refugee population?

- James E. Moss Elementary –
- Lincoln Elementary –
 1. Communicating with parents (translating)
 2. Socializing students
 3. Getting students help with homework and reading at home
- Woodrow Wilson Elementary –
 1. Funding – need 2 full-time refugee teachers
 2. Discipline (tribal fighting) – need 2-3 interpreters and 2 aides
 3. Transportation – need 2 full-time school/home liaison
- Granite Park Middle School –
- Granite High School -

12. What are the three biggest challenges the refugees face in living in Salt Lake County?

- James E. Moss Elementary –
- Lincoln Elementary –
 1. Social acclimatization
 2. Language
 3. School expectations.

Many still keep all drapes closed because of fears of being shot at (carried over from home country). Some students do not have an affixed residence but shuffle back and forth between relatives.

- Woodrow Wilson Elementary –
 1. Jobs – housing, food
 2. Transportation
 3. Health concerns
- Granite Park Middle School –
- Granite High School –

13. If Mayor Corroon could do three things to help better serve the refugees living in Salt Lake County, what would they be?

- James E. Moss Elementary –
- Lincoln Elementary -
- Woodrow Wilson Elementary – mental health issues (post-traumatic stress) and dental
- Granite Park Middle School –
- Granite High School –

Appendix C, continued.....

- Granite School District –
 - Coordinate law enforcement support from county/city law enforcement entities for special conditions of refugee students. For example, establish procedures for contacting refugee parents in the event that students are ungovernable in school. It is reported that County Youth Services is unwilling to take students who cannot speak English and whose parents cannot be reliably contacted.
 - Coordinate nutrition programs beyond school for families who are malnourished or students who are hungry. It is reported that some students arrive at school on Monday having not eaten for much of the weekend due to inadequate food in the house. Some of these students faint from hunger.
 - Provide support for additional services in schools so that refugee needs do not displace critical educational programs.

14. Do you have other information or observations Mayor Corroon should know or consider?

- James E. Moss Elementary –
- Lincoln Elementary – We welcome refugees, it is the basis for our country. But there needs to be a support system to help these people properly adjust to the new cultures within which they are thrust.
- Woodrow Wilson Elementary – The impact on our school has become more than we can handle. We are getting limited support from our school district. We need resources to educate this population.
- Granite Park Middle School –
- Granite High School -

Appendix D.....

UTAH DEPARTMENT OF HEALTH TB CONTROL/REFUGEE HEALTH PROGRAM STD CONTROL PROGRAM

INFORMATION AND APPLICATION FOR BRIDGING THE GAP CURRICULUM FOR TRAINING OF MEDICAL INTERPRETERS

Becoming a Medical Interpreter

By participating in the Bridging The Gap training program, candidates will learn basic / intermediate medical interpreter skills.

Description of Programs

This program is a five-day / 40 hour interpreter training.

The basic/intermediate course prepares bilingual individuals to work as medical interpreters in hospital and clinic settings. The course covers:

- Basic interpreting skills. Role, ethics, conduit, and clarifier interpreting, managing the flow of the session, intervening, sight translation, memory development.
- Information on health care. Introduction to the health care system, how doctors think, anatomy, common health problems, basic medical procedures.
- Culture in interpreting. Self-awareness, basic characteristics of specific cultures, traditional health care in specific communities, culture-brokering.
- Communication skills for advocacy. Listening skills, communications styles, appropriate advocacy.
- Professional development.

Candidates Must

- Have a letter of support from the sponsoring organization.
- Be an individual who demonstrates a long-term commitment to using these skills as a medical interpreter.
- Be a practicing medical interpreter, OR be bilingual and have worked in a clinical setting in need of medical interpreters.

Application Process for 40 hour Bridging The Gap Curriculum

Training spaces are limited. Therefore, it is necessary to review each application / registration. The Utah Department of Health may contact the sponsoring organization and / or candidate as part of this process. Candidates will be notified of final acceptance into this training program.

For more information on the next training, please contact Jelena Pasalic, Utah Department of Health, TB Control/Refugee Health, Box 142105, Salt Lake City, Utah 84114-2105
Phone: (801) 350-8136

Appendix E.....Participant List

Name	Company	Fri	Sat
Abraham Gai	Asian Association of Utah	X	
Aden Batar	Catholic Community Services		X
Agnes Chiao	United Way	X	
Aladin Temirov	Refugee		X
Alan T. Do	The Vietnamese Community of Utah		
Amaita Livoyouchi	Department of Workforce Services	X	X
Amy Wylie	LDS Inner City Project, Refugee Committee	X	
Anita Leimbach	Jordan School District	X	
Ann Anderson	LDS Inner City Project	X	
Ansar Khalilov	Refugee		X
Aymil Aymil G	Refugee		X
Barbara Fish	English Skills Learning Center	X	X
Bekke Robb	Utah Health and Human Rights Project	X	
Blake Benson	UNP Hartland Neighborhood Center	X	
Buu Diep	Asian Association of Utah	X	
Cafafl Andriyants	Refugee		X
Carl Anderson	LDS Inner City Project	X	
Carrie Pendir	Woodrow Wilson Elementary School (Granite)	X	
Charlene Todd	DDI Vantage	X	
Chiho Nakamura	UNP Hartland Neighborhood Center	X	X
Connie D. Larsen	Utah Dept. of Health, Health Programs	X	
Daniel Watt	Catholic Community services	X	X
David Chavez	Horizonte/Salt Lake City School District	X	X
David Hansen	Salt Lake/Tooele Applied Technology Centers	X	X
David Malual			
Debbie Coleman	YMCA Salt Lake City	X	
Debbie Sorenson, RN	Salt Lake Valley Health Department	X	
Demba Boundy	Utah Federation for Youth	X	
Dianne E. Browning	The International Rescue Committee		
Donna Coulson	LDS Inner City Project, Refugee Committee	X	
Dorothy Pappas Owen	Salt Lake Co., Community Resource Develop	X	X
Dzhamal Akhmedov	Refugee		X
Eleanor R. Iron Lightning	Utah Consortium of Minority Groups ?		X
Fan Lee Kwan	Valley Mental Health	X	
Farida Radman	Asian Association of Utah		
Gabriella Archuleta	Utah Domestic Violence Council	X	

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Gerald Brown, ISED, May 19, 2006

Name	Company	Fri	Sat
Gachi Guet	Department of Workforce Services	X	
Galina Bakina	Jewish Family Services	X	
Garth Mangum	LDS Inner City Project	X	
Gary Martin	Granite School District	X	
Gatluk Kueny	South Sudanese Association		X
Gerald Brown	Institute of Social and Economic Development	X	X
Gerrie Dowdle	Utah Dept. of Health, TB & Refugee Health	X	
Ghulam Hasnain	Salt Lake American Muslim/Alrasool Islamic Center		
Gloria Evans	The Learning Loft	X	
Gordano Kapetanovic	Utah Health and Human Rights Project	X	
Habbiba Ali Nur	Valley Mental Health	X	
Hannah Buchanan	UNP Hartland Neighborhood Center	X	X
Hassan Adam	Refugee		
Helen Thatcher	DWS	X	
Huu Tran	The Vietnamese Community of Utah		X
Ibrahim Sesay	Refugee		
Irina Pierpont	Department of Workforce Services	X	
Irina Zaletuaya	Horizonte, Salt Lake City School District		X
Jamal Alanti	Utah Refugee Employment & Community Center	X	X
James Dau	Refugee		X
James Whitaker	Department of Workforce Services	X	X
Jane Willie	Salt Lake City School District	X	
Jim Marshall	LDS Inner City Project	X	
John Mayoul	Sudanese refugee		X
Jon Pierpont	Department of Workforce Services	X	
Joyce Kelen	Salt Lake City School District	X	
June Oliverson	Utah Dept. of Health, TB & Refugee Health		
Kamil Alimov	Refugee		X
Katherine Sheehan	Salt Lake County Health Department	X	
Kathleen Christy	Salt Lake city School District	X	
Kelly Feller	University of Utah, College of Social Work	X	
Kelly von Stroh	West High School	X	
Kerry Steadman	Salt Lake County	X	
Kimberly Schmit	UNP Hartland Neighborhood Center	X	
Kirmon Khalilov	Meskheta Turk Community		X
Kyle Cannon	Salt Lake Valley Health Dept.	X	
Larry Broxton	Dauntless Consulting Group	X	
Laura Durrant	Somali Bantu Association	X	X
Lien Le	Department of Workforce Services	X	
Lina Smith	Utah Refugee Employment and Community	X	X

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Name	Company	Fri	Sat
	Center (AAU)		
Lisa Nguyen	The Vietnamese Community of Utah		
Lynda Hart	Woodrow Wilson Elementary School (Granite)	X	
Macleans A. Geo-JaJa	LDS Inner City Project, Refugee Committee	X	
Makhadin Temirov	Refugee		X
Mara Rabin, M.D.	Salt Lake Family Health Center	X	
Margie Lamb	Volunteer	X	
Mariam Addo	Utah Refugee Employment & Community Center	X	
Marilyn Nunez	Asian Association of Utah, ESL Director	X	X
Marta Polanco	Department of Workforce Services	X	X
Martha Wunderli	Utah Issues, Utah I.D.A. Network	X	
Marv Goldstein	Valley Mental Health	X	
Melanie Zamora	The Road home	X	
Michael Gallegos	Salt Lake Co., Community Resource Develop	X	X
Mikail Alimov	Refugee		
Miro Marinovich	International Rescue Committee	X	
Mollie Murphy Dale	Utah Health and Human Rights	X	
Mona Guet	Utah Refugee Employment & Community Center	X	
Moses Loda	Refugee		X
Muna Ali	UNP Hartland Neighborhood Center	X	
Muridi Elmi	President, Somali Bantu Association		X
Natalia Solache	Somali Community Development of Utah	X	
Natasha Sloan	Utah Refugee Employment & Community Center	X	X
Nicole Warren	Salt Lake City School District		
Norman Nakamura	State Coordinator for Refugee Resettlement	X	X
Osman Ahmed	Somali	X	
Osman Haji	Refugee		X
Osman Hassan	Utah Refugee Employment & Community Center	X	X
Pat Santee	Granite Peaks	X	X
Payam Soleimani	Utah Refugee Employment & Community Center	X	
Pham Autumn	Salt Lake Valley Health Department	X	
Rachel Alley	Hartland Apartments	X	
Rebecca Sanchez	Salt Lake County Mayor's Office	X	
Rob Averett	Granite School District	X	
Robert Elnour	Asian Association of Utah		X
Rozina Bahlibi	Utah Eritrean Connection		
Ruth Gerritsen-McKane, LCSW	University of Utah, College of Social Work	X	
RuthAnn Robson	UNP Hartland Neighborhood Center	X	X
Sabina Zunguze	Advocate, Businesswoman		X
Samah Ibrahim	YWCA Salt Lake	X	

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Name	Company	Fri	Sat
Sara Willers	Asian Association of Utah	X	
Sarah Brenna	Department of Workforce Services	X	X
Sarah Munro	University Neighborhood Partners	X	
Sharif Kaharabu	Somali Community Development of Utah		X
Shauna Carl	Salt Lake City School District	X	
Shu Cheng	Asian Association of Utah	X	
Smoiil Alimov	Refugee		X
Stanford Ade	Utah Consortium of Minority Groups	X	
Stella Soler	South Valley Sanctuary	X	
Steven Ha	Asian Association	X	
Suleyman Khalilov	Leader, Meskhetian Turk Community		X
Taj Suleyman	Utah Refugee Employment & Community Center	X	X
Tamaal Hamid	AAU worker	X	
Tamara B. Wharton	Salt Lake Co., Community Resources Develop		X
Valerie Gates	West High School	X	
Yda Smith	University of Utah, Div. Of Occupational Therapy	X	X*

23 attended both

120 different people attended at least one

REFUGEE COMMUNITY PLANNING SURVEY
March 25, 2006, 2nd Day

A. Three biggest challenges

1. Case management
2. Life skill learning -- x
3. Cultural barriers (both ways) --x, x, x
4. Affordable education -- x, x, x
5. Language --x, x, x, x, x, not (getting enough ESL before being required to work)
6. Affordable housing when on assistance and low level wages
7. social adaptability
8. medical interpreters -- x
9. vocational training opportunities
10. employment (employment training) -- x, x, x, x, x, x, x
11. parenting in the U.S. -- helping your children to face problems you have no idea about because you didn't grow up here -- x
12. space for refugee groups to meet
13. communication between refugees and service providers
14. access to services
15. transportation --x, x
16. need mentors to help navigate the system
17. need bigger budget -- culture is an emerging issue
18. integration/ acculturation -- x
19. post R&P services
20. DWS eligibility telephone line NOT working
21. health insurance
22. effective education for youth
23. financial education -- x

B. Three things that would improve refugees lives

1. Mentoring (trained and supervised) – x, x, x, x
2. trained language tutors
3. Involve refugees in identifying and solving their problems
4. cultural orientation (2-way) – x, x, x, x, x
5. orientation regarding criminal system (what's a crime, the effect of a criminal record)
6. orientation about importance of establishing a work history by accepting a entry level job
7. provide quality childcare which involves parents, like the Evenstart/Headstart models. Include toddlers 2 +.
8. life skill development
9. ESL – x, x
10. major refugee employers such as Deseret Industries and Farmland should provide health insurance
11. Educate the mainstream community about refugees
12. There needs to be somewhere refugees can ask questions, especially refugees who have been here awhile (such as a refugee center).
13. Have volunteers to provide transportation
14. develop a program to support refugees after 1 year in the U.S.
15. interpreters trained at Bridging the Gap
16. required cultural orientation for agencies serving refugees
17. establish city, county, and state councils to provide ongoing input to refugee programming and service delivery
18. better job training –x, x
19. place for refugees, including children, to gather – x, x
20. create educational centers where many issues can be addressed (language learning, cultural learning, school to work transition, legal advice, health services, employment services, interpreting services
21. orientation about taking medication
22. employment -- x
23. deal with the hostile element in the network

C. Three things to better serve youth

1. Network with refugee community-based leaders
2. help parents understand how to take care of children while they work (parental education) -- x
3. help communities meet together and interact (space) -- x
4. facilitate use of mentors
5. form sports clubs – x, x
6. involve schools
7. teach U.S. culture and laws (traffic) -- x
8. facilitate interactions with mainstream youth and refugee youth
9. more chances for small businesses
10. community centers as a place to meet have activities
11. schools match education, not age (education) (ESL) – x, x, x
12. better health care
13. jobs
14. refugee organization refer refugee youth to youth programs
15. mentors --x
16. better integration in high schools
17. after school activities -x
18. orientation of what is available
19. can public schools be used as community meeting places

D. What will you be doing to help refugees

1. Informing other agencies about volunteer tutor training and making it available
 - a. Barbara Fish (English Skills Learning Center)
2. Continue efforts as a volunteer mentor
 - a. RuthAnn Robson
3. May act as a mentor to refugee organization ???
 - a. Chiho Makamura (chihonakamura@hotmail.com)
4. Interested in coordinating mentors for refugee women
 - a. Sabina Zunguze (801 347 0261)
5. help refugees organize their communities
 - a. mpolanis@utah.gov; Connie Larsen, 536 7170, conniedlarsen@utah.gov
6. disseminating information, ideas, etc. with the U or U College of Social Work. Use new info in work with UNP Hartland
 - a. kelly.feller@sscwk.utah.edu, kellyfeller1@yahoo.com, 801 581-4515